

## EVALUATION FORM AND ACKNOWLEDGEMENT OF TRAINING

**The Iowa Medicaid Enterprise (IME) would like to thank you for viewing the CDAC Documentation Training DVD.**

Please take a few moments to complete this evaluation form. Let us know what you thought of the information presented, the level of your understanding after you have viewed the DVD, and any suggestions for future trainings. Your feedback is vital to our ongoing training objectives at the IME. Please circle the number that most closely represents your opinion for each category using the following rating scale: 5 = Excellent, 4 = Above Average, 3 = Average, 2 = Poor, 1 = Very Poor.

### **Training Topic CDAC Documentation Forms**

1. How useful do you think the CDAC Documentation Training DVD is in learning to document your daily services?

Excellent	Above Average	Average	Poor	Very Poor
5	4	3	2	1

2. Rate your level of understanding on how to complete the Daily Service Record after viewing the DVD.

Excellent	Above Average	Average	Poor	Very Poor
5	4	3	2	1

3. How satisfied are you with receiving a training DVD as opposed to other forms of training offered by the IME?

Excellent	Above Average	Average	Poor	Very Poor
5	4	3	2	1

4. How comfortable are you with your understanding of how the CDAC Agreement, Daily Service Record, and the Claim for Targeted Medical Care are related?

Excellent	Above Average	Average	Poor	Very Poor
5	4	3	2	1

5. Please rate the overall effectiveness of the skills of the presenters in the DVD

	Excellent	Above Average	Average	Poor	Very Poor
Content	5	4	3	2	1
Delivery	5	4	3	2	1
Confidence	5	4	3	2	1
Attitude	5	4	3	2	1

6. The IME is very interested in improving our training sessions. Please feel free to share your thoughts, questions, and/or comments on the DVD.

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7. For future training sessions, please indicate any topics that you would like to have discussed.

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9. Do you need any additional training on the topics presented today?

☐ Yes

☐ No

Please list the specific topics: \_\_\_\_\_

## ACKNOWLEDGEMENT OF TRAINING

After reading this document in its entirety, please complete the following Acknowledgement of Training statement and return to Iowa Medicaid Provider Services.

Fax to: (515) 725-1155

Or

Mail to: IME Provider Correspondence

P.O. Box 36450

Des Moines, IA 50315

### Iowa Medicaid CDAC Documentation DVD Training Acknowledgement

I \_\_\_\_\_ have received and viewed the  
(Print Provider/Agency Name)

CDAC Documentation DVD Training.

Provider NPI \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Address: \_\_\_\_\_

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